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Bib Data Sheet

CONFIRMATION NO. 2639

<b>SERIAL NUMBER</b> 10/647,408	<b>FILING OR 371(c) DATE</b> 08/25/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> ARV-003
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**APPLICANTS**  
 Ravi Kumar, Briarcliff Manor, NY;

**\*\* CONTINUING DATA \*\*\*\*\***  
*related to 10/086,153; 3.01.02, now U.S. Pat. No. 7,278,430*  
 This application is a CIP of 10/086,153 02/26/2002 PAT 7,147,596 \* (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*new*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 04/22/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>gjm</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> <del>18</del>	<b>INDEPENDENT CLAIMS</b> <del>2</del> 1
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**ADDRESS**  
 Gordon & Jacobson  
 David P Gordon  
 60 Long Ridge Rd  
 Ste 407  
 Stamford, CT06902

**TITLE**  
 Removable blood vessel occlusion device

<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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